ABSTRACT

Setting: Egypt is the most populous country in the Middle East and North Africa Region, with a population of about 83 million. 49.5% of the population are below 15 years of age and 3.4% are 60 years and above. Since January 2011, Egypt has been undergoing rapid political and societal transitions coupled with a serious economic crisis.

Demographic Health Surveys (DHS) capture nationally representative information on fertility, family planning, infant and child mortality, reproductive health, child health, and the nutritional status of women and children. Data from the 2008 Egypt DHS were used for this analysis.

CONCLUSIONS

• Higher education for females, older age at marriage, and higher socio economic status were associated with respondent’s negative views towards IPV.

• There is evidence that female autonomy is associated with justification of IPV but further research is warranted to understand the differences between household decision making dynamics and women’s autonomy.

• DHS questions may not be adequate to capture constructs related to women’s autonomy.

• Recommendations have been made to improve measures for female autonomy in the DHS. In additional variables related to invisible power, and childhood experience with IPV are not adequately captured by the DHS.

• However among the key strengths of the DHS is that it allows for the collection of important public health information largely using the same methods over time making it possible to document trends. Additionally it is often the only nationally representative survey conducted in low and middle income countries.

• Our next steps are to complete the analysis and explore the relationship between justification of IPV and important women’s health issues.

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